

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/627,940	
	Filing Date	July 25, 2003	
	First Named Inventor	Boro DROPULIC	
	Art Unit	1636	
	Examiner Name	N. S. Vogel	
Total Number of Pages in This Submission	13	Attorney Docket Number	397272000500

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg. + dup) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
<b>Remarks</b>  <b>Customer No. 25225</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

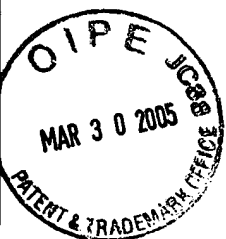
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Brenda J. Wallach</i>		
Printed name	Brenda J. Wallach		
Date	March 28, 2005	Reg. No.	45,193

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 28, 2005

Signature: *Judy Bridgewater*

(Judy Bridgewater)



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/627,940				
		Filing Date	July 25, 2003				
		First Named Inventor	Boro DROPULIC				
		Examiner Name	N. S. Vogel				
		Art Unit	1636				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	397272000500				
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>425.00</b>				
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>						<b>Small Entity Fee (\$)</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	
Each claim over 20 (including Reissues)						50	
Each independent claim over 3 (including Reissues)						200	
Multiple dependent claims						360	
<b>Total Claims</b>				<b>Extra Claims</b>		<b>Fee (\$)</b>	
<u>29</u>				<u>-21 = 8</u>		<u>25.00</u>	
						<b>Fee Paid (\$)</b>	
						<u>200.00</u>	
<b>Indep. Claims</b>				<b>Extra Claims</b>		<b>Fee (\$)</b>	
<u>3</u>				<u>-3 = 0</u>		<u>0.00</u>	
						<b>Fee Paid (\$)</b>	
						<u>0.00</u>	
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	
<u>          </u>		<u>          </u>		<u>          </u>		<u>          </u>	
<u>- 100 =</u>		<u>/50</u>		<u>(round up to a whole number) x</u>		<u>          </u>	
<b>4. OTHER FEE(S)</b>						<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u>						<u>225.00</u>	
<b>SUBMITTED BY</b>							
Signature	<u>Brenda J. Wallach</u>		Registration No. (Attorney/Agent)	<u>45,193</u>	Telephone	<u>(858) 720-7961</u>	
Name (Print/Type)	<u>Brenda J. Wallach</u>		Date	<u>March 28, 2005</u>			